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19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED YES STATE WHILE AT WORK TO FINJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)					Į.		Unknow
Z 20. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.)			.		ZTIF.		f item 18.)
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			-		₹	204. INHERY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
21. I attended the deceased from 7:30 P. M		1				WHILE AT WORK Tarm, factory, street, Office bidg., etc.)	·
Death occurred at 7:30 P. Mm on the date stated above, and to the best of my knowledge, from the causes stated.	- S S 문	8			i	01 Lowended the decasted from	
	로 길 듣	2				7:30 P. M. and the data reveal above, and to the best of my knowledge, from the say	ses stated.
(Degree or title) 22b. ADDRESS 22c. DATE SIG				يا ا		22h ADDESS	22c. DATE SIGNI
Fopial Diuli, Mo. Vindel	→	윒		0		Foplar Bluff, Mo.	12MARE6
23a. BURIAL, CREMATION, 23b. DATE	-	<u> </u>	↓ 	∐ ≨	-23	la. BURIAL, CREMATION, 230. DATE	
9 Burial 2/28/63 Woodlawn Poplar Bluff, Missouri	ł	ģ				Burial 2/28/03 Woodlawn Popual Bidil, Mas	<u>souri</u>
Editat 24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo 3/18/193. 26. REGISTRAR'S SIGNATURE Labeltonia	[æ			2	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	Man-

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of (icense).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.